

MDHHS-CMHSP
Serious Emotional Disturbance (SED) Waiver Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Limits	PA	Comments
90785		Psytx Complex Interactive		\$8.40			List separately in addition to the code for primary procedure 90832 - 90838
90791		Psych Diagnostic Evaluation	P	\$79.23	1 Per Month		
90792		Psych Diag Eval W/Med Svc	P	\$88.92	1 Per Month		
90832		Psytx W Pt 30 Minutes		\$38.54	10 per Month		
90833		Psytx W Pt W E/M 30 Min	P	\$40.05	10 per Month		
90834		Psytx W Pt W 45 Minutes		\$51.24	10 per Month		
90836		Psytx W Pt W E/M 45 Min		\$50.60	10 per Month		
90837		Psytx W Pt 60 Minutes	P	\$76.86	10 per Month		
90838		Psytx W Pt W E/M 60 Min		\$66.74	10 per Month		
90846		Family Psytx W/O Pt 50 Min	P	\$62.01	10 per Month		
90847		Family Psytx W/Pt 50 Min		\$64.37	10 per Month		
90853		Group Psychotherapy		\$15.50	10 per Month		
90863		Pharmacologic mgmt w/psytx		\$37.25			Must be used with 90832 - 90838
92507		Speech/HearingTherapy Individual		\$48.01	8 per Month		
92508		Speech/Hearing Therapy Group	P	\$13.99	8 per Month		
92521		Evaluation of Speech Fluency	P	\$67.60	1 per 3 Calendar Months		
92522		Evaluate Speech Production	P	\$55.98	1 per 3 Calendar Months		
92523		Speech Sound Lang Comprehen	P	\$119.49	1 per 3 Calendar Months		
92524		Behavral Qualit Analys Voice	P	\$54.04	1 per 3 Calendar Months		
96101		Psycho Testing By Psych/Phys		\$48.44	Maximum quantity of 5 once in 90 Days		
96102		Psycho Testing By Technician	P	\$37.68	Maximum quantity of 5 once in 90 Days		
96103		Psycho Testing Admin By Comp		\$16.79	1 in 90 Days		
96116		Neurobehavioral Status Exam	P	\$55.98	1 in 90 Days		
96118		Neuropsych Tst By Psych/Phys	P	\$59.21	1 in 90 Days		
96119		Neuropsych Testing By Tec	P	\$48.23	1 in 90 Days		
96120		Neuropsych Tst Admin W/Comp		\$29.28	1 in 90 Days		
96372		Ther/Proph/Diag Inj SC/IM	P	\$15.50	5 per Month		
97003		Ot Evaluation	D	\$51.46	2 per Year		
97004		Ot Re-Evaluation	D	\$31.86	2 per Year		
97165		Ot eval low complex 30 min	A	\$47.58	2 per Year		
97166		Ot eval mod complex 45 min	A	\$47.58	2 per Year		
97167		Ot eval high complex 60 min	A	\$47.58	2 per Year		
97168		Ot re-eval est plan care	A	\$31.43	2 per Year		

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97533		Sensory Integration	P	\$17.87	1 Session per Calendar Week; Each session up to 4 units		
97802		Medical Nutrition Indiv IN		\$21.10	2 Sessions per Year; Each session up to 4 units		
97803		Med Nutrition Indiv Subseq		\$18.30	5 Sessions per Month; Each session up to 4 units		
99201		Office/outpatient visit new	P	\$26.70			
99202		Office/outpatient visit new	P	\$45.43			
99203		Office/outpatient visit new	P	\$65.67			
99204		Office/outpatient visit new	P	\$99.68			
99205		Office/outpatient visit new	P	\$125.52			
99211		Office/outpatient visit est	P	\$12.27			
99212		Office/outpatient visit est	P	\$26.48			
99213		Office/outpatient visit est	P	\$44.35			
99214		Office/outpatient visit est	P	\$65.24			
99215		Office/outpatient visit est	P	\$87.84			
G0176		OPPS/PHP;Activity Therapy		\$66.54	Limit of 4 Sessions per Month per type of specialty services (eg. Music, Recreation, Art therapy)		
H0001		Alcohol And/Or Drug Assess		\$159.62	1 in 90 Days		
H0002		Alcohol And/Or Drug Screenin		\$80.00	Limited to 1 in 90 Days		
H0004		Alcohol And/Or Drug Services		\$23.51	Limited to 26 Units per Month		
H0005		Alcohol And/Or Drug Services		\$57.51	Maximum of 5 Sessions per Month		
H0015		Alcohol And/Or Drug Services		\$103.21	Maximum of 31 Sessions per Month		
H0018		Alcohol And/Or Drug Services		\$202.56	Maximum of 14 Days per Month		
H0031		MH Health Assess By Non-MD		\$297.47	Limited to 1 in 90 Days		
H0036		Comm Psy Face-Face Per 15min		\$66.74	90 Units per Month		
H2011		Crisis Intervn SVC, 15 min		\$59.38	48 Units per Month		
H2015		Comp Comm Supp SVC, 15 min		\$6.40	744 Units per Month		
H2015		Comp Comm Supp SVC, 15 min		\$9.60	Holiday Rate		
H2015	TT	Comp Comm Supp SVC, 15 min		\$4.80	744 Units per Month		
H2015	TT	Comp Comm Supp SVC, 15 min		\$7.20	Holiday Rate		
H2022		Com Wrap-Around SV, Per Diem		\$340.00	4 per Month		
H2022	TT	Com Wrap-Around SV, Per Diem		\$255.00	4 per Month		
S0215		Nonemerg Transp Mileage		\$0.36			

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S5111		Family Homecare Train/Sessio		\$150.00	Maximum of 4 per Month		
S5111	HM	Family Homecare Train/Sessio		\$80.00	1 per Day allowed with a maximum of 4 per Month		
S5116		Nonfamily HC train/session		\$62.09	Up to 4 Sessions per Calendar Month		
S5145		Child Fostercare Th Per Diem		\$110.00			
S9470		Nutritional Counseling, Diet		\$24.48	13 per Month		
T1001		Nursing Assessment/Evaluatn		\$46.17	1 in 90 Days		
T1005		Respite Care Service 15 Min		\$6.40	1248 Units per Month		
T1005		Respite Care Service 15 Min		\$9.60	Holiday Rate		
T1005	TT	Respite Care Service 15 Min		\$4.80	1248 Units per Month		
T1005	TT	Respite Care Service 15 Min		\$7.20	Holiday Rate		
T2036		Camp Overnite Waiver/Session		\$1,400.00	3 Sessions per Year		
T2038		Comm Trans Waiver/Service		M	1 in 3 Years		Services are authorized by CMHSP

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